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TRANSMITTAL FORM			are required to respond to a Application Number	nformation unless it displays a valid OMB control number.			
			Filing Date	October			RECEIVED
			First Named Inventor	Brookshir			CENTRAL FAX CENT
		-	Art Unit	3679			2000
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Total Number o	of Pages In This Submission	15	Attorney Docket Number	1088.008			
		ENCL	OSURES (Check a	ill that apply	y)		
Fee Tran	smittal Form	Dr	awing(s)			After	Allowance Communication to TC
	ee Attached		ensing-related Papers				al Communication to Board peals and Interferences
Extension  Express Information  Certified Document  Reply to Incomple	Missing Parts/	Remarks REQUEST Applicant n October 14	FOR 2 MONTHS EXTER	CD  NSION OF T sion of time.	IME in respon	Propr Statu: Other below t card	al Communication to TC al Notice, Brief, Reply Brief) letary Information s Letter Enclosure(s) (please Identify )): payment form  the final Office Action dated Notice of Appeal and Appeal
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